

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34901

1. PLACE OF DEATH

County.....

Registration District No. 7971

Township.....

Primary Registration District No. 7972

City.....

St. Louis

(No. 1)

Deaconess Hosp.

File No.....

Registered No. 9080

St.

Ward.....

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

S.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

Elizabeth C. Jung

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sep. 26, 1864

7. AGE

YEARS

69

MONTHS

DAYS

24

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

9/1/33

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Stratmann, Mo

MOTHER FATHER

13. NAME

Adolph Jung

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Wilhelmina Heuser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Elizabeth C. Jung
Clayton, Mo R#2

18. BURIAL, CREMATION, OR REMOVAL PLACE

Gr. St. Pauls Ch., DATE 10-23, 1933

19. UNDERTAKER (ADDRESS)

Brynnans Bros. Inc.
2504 Woodson, Highland, Mo

20. FILED

21

1933

19

J. P. Breckin

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from

10/5

1933, to

10/20, 1933

I last saw him alive on

10/20

1933

Death is said

to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

124B

Systolic hemorrhage

118C

124B

Other contributory causes of importance:

circulation of liver

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. D. Stachle

M. D.

(Address)

1221 Central - Clayton

